

# Personal History Statement

## General Instructions:

- 1) Hand Wright or print an answer to every question. Any question that does not apply to you , so state with N/A. If space is insufficient, use a separate sheet and precede each answer with the reference block.
- 2) DO NOT MIS-STATE OR OMIT a material fact since the statements made herein are subject to verification to determine your qualifications for employment.

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Last Name                      First Name                      Middle Name                      Male \_\_\_\_ Female \_\_\_\_

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Alias (es)    Nickname (s), Maiden Name, Other Changes in                      Name Social Security #

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Present Residence Address    Street or RED    City or Post Office                      State                      Zip Code

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Date of Birth (Month, Day, Year)    Place of Birth (City, County, State)

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Height    Weight    Color of Eyes    Color of Hair                      Scars, Physical Defects, Marks

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|              |             |                           |                    |
|--------------|-------------|---------------------------|--------------------|
| U.S. Citizen | Native Born | Naturalized Certificate # | Date, Place, Court |
| Yes ____     | Yes ____    |                           |                    |
| No ____      | No ____     |                           |                    |

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## Marital Status:

Married \_\_\_\_    Single \_\_\_\_    Engaged \_\_\_\_    Separated \_\_\_\_    Divorced \_\_\_\_    Widowed \_\_\_\_

Name Of Fiancee (If Applicable)

Address (Street, City, State)

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Information Concerning Marriages:

Spouse's Social Security Number:

| When | Where | Who Officiated | Spouse's Name (Wife's Maiden Name) |
|------|-------|----------------|------------------------------------|
|------|-------|----------------|------------------------------------|

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Name and Present Address of Spouse(s) If divorced or separated:

| Name | Address |
|------|---------|
|------|---------|

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If ever separated, annulled, or divorced, indicate below the following information:

| Separated   | Date Of | Offending     |          |        |
|-------------|---------|---------------|----------|--------|
| Annulled or | Order   | Where Issued  | Party as |        |
| Divorced or | By Whom | Court & State | Decreed  | Reason |
| State Which | Decree  |               | By Law   |        |

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Children And Dependents:

- A. List all of your children, including stepchildren and adopted ones, and give the following:

Name, Date of Birth, Place of Birth, Current Address, With Whom the Child Lives & Supported By Whom

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Other dependants, if you claim income tax exemptions for support of dependants other than spouse and children, provide the following information:

Name, Address, Relationship, Percent Support Provided

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### **Military Status:**

Have you served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If Yes, Branch \_\_\_\_\_

Serial Number: \_\_\_\_\_: Type Of Discharge: \_\_\_\_\_

While in the military, were you ever arrested for an offence which resulted in a trial by deck court or summary, special or general court-martial? Yes [ ] No [ ]

If yes, give date, place, law enforcement authority or type of court court-martial, change and action taken for each incident, using separate sheets of paper to record this information.

Are you presently a member of the U.S. Reserve or National State Guard organization?

Yes \_\_\_ No \_\_\_ If yes complete the following:

Grade and Service Number

Service and Component

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Organization and Station or Unit and Location Active \_\_\_ Inactive \_\_\_ Standby \_\_\_

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Indicate Reserve Obligation If Any:

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**Education:**

List all high schools attended. Attach diploma or certificate of graduation:

Name, Location, Dates Attended, Years Completed, Graduated Yes or No

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**Higher Education:**

List information below for all colleges or universities attended. Attach transcripts or diploma from all institutions of higher education attended.

Name And Location of College or University, Dates Attended, Credit Hours, Degree received, Graduated Yes\_\_\_ or No\_\_\_.

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Major and College Courses

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Other schools or training (trade, vocational, business, or military). Give for each the name and location of schools, dates attended, subjects studied, certificate and any other pertinent data.

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## Foreign Language:

| Language | Reading |      |      | Speaking |      |      | Understanding |      |      | Writing |      |      |
|----------|---------|------|------|----------|------|------|---------------|------|------|---------|------|------|
|          | Exc.    | Good | Fair | Exc.     | Good | Fair | Exc.          | Good | Fair | Exc.    | Good | Fair |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |
|          |         |      |      |          |      |      |               |      |      |         |      |      |

## Special Qualifications and Skills:

Indicate type of special license such as pilot, radio operator, ect., showing licensing authority where a license was first issued and date current license expires. (Except vehicle operator's license).

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Approximate number of words per minute: \_\_\_\_\_

Special qualifications not covered in application. (For example, your most important qualifications (do not submit copies unless requested) your patents or inventions public speaking and publications experience membership in professional or scientific societies, etc and honors and fellowship received.

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Vehicle Operator's License: Give the following information concerning any vehicle operator's license you have held or now hold.

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Have you ever been denied issuance of a license or have you ever had a license suspended or revoked:  
Explain Fully:

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Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance Yes \_\_\_ No \_\_\_ If, yes give details, including reasons, name of companies, dates, ect.

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Give name and address of the insurance company with whom you now have automobile insurance

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Policy Coverage: \_\_\_\_\_

### **Family:**

List in the order given, showing relationship, parents, guardians, stepparents, foster parents, parents-in-laws, brothers and sisters.

| Relationship | Name | Address If Living |
|--------------|------|-------------------|
|              |      |                   |
|              |      |                   |
|              |      |                   |
|              |      |                   |
|              |      |                   |
|              |      |                   |
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Mothers (Maiden Name) \_\_\_\_\_

If any person listed is not a U.S. citizen by birth, give the date and point of entry, alien registration number, naturalization certificate number and place of issuance.

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## Employment:

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal and all periods of unemployment.

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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From date: \_\_\_\_\_ to date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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From date: \_\_\_\_\_ to date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

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From date: \_\_\_\_\_ To date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

\_\_\_\_\_

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

\_\_\_\_\_

From date: \_\_\_\_\_ To date: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Why did you leave \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

Name of Co-worker: \_\_\_\_\_ Description of duties: \_\_\_\_\_

\_\_\_\_\_



## Financial Status:

Resources

Income from any other source other than your principal occupation? Yes \_\_\_ No \_\_\_ If yes how often?

The source?

Do you own any real state property Yes \_\_\_ No \_\_\_ Value\$ \_\_\_\_\_

Location \_\_\_\_\_

Insurance coverage and amount of premium? \_\_\_\_\_

Amount of mortgage? \_\_\_\_\_ Amount and frequency of payments \_\_\_\_\_

Mortgage holder: \_\_\_\_\_

Do you own any bonds, government or other? Yes \_\_\_ No \_\_\_ Value \$ \_\_\_\_\_

Do you own any stock? Yes \_\_\_ No \_\_\_ Value\$ \_\_\_\_\_

Do you have a bank account? Yes \_\_\_ No \_\_\_ Savings \_\_\_ Checking \_\_\_ Approximate amount \$ \_\_\_\_\_

Name of bank \_\_\_\_\_

## Obligations:

Give names and addresses of individuals, companies, or others to whom you are indebted and extent of your debt (Including any loans on which you are co-marker):

| Name Of Creditor | Address | Kind Of Debt | Amount |
|------------------|---------|--------------|--------|
|                  |         |              |        |
|                  |         |              |        |
|                  |         |              |        |
|                  |         |              |        |
|                  |         |              |        |
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### Arrest, detention and litigation:

Have you ever been arrested or detained by a law enforcement agency Yes \_\_\_\_ No \_\_\_\_

Have you (or spouse) been involved in any court action, civil or criminal? Include all traffic violations in this state or elsewhere Yes \_\_\_\_ No \_\_\_\_

Have you ever been fingerprinted for any reason (arrest, job applicant, ect. Yes \_\_\_\_ No \_\_\_\_

If the answer to any of the above is YES, list below the date, place, and full details of each incident

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### Health Record and Insurance:

List the following concerning all illnesses for which you receive medical treatment during the last five years.

| Number Of Days | Illness Or Operation | Month And Year | Name & Address of Physician |
|----------------|----------------------|----------------|-----------------------------|
|                |                      |                |                             |
|                |                      |                |                             |
|                |                      |                |                             |
|                |                      |                |                             |
|                |                      |                |                             |
|                |                      |                |                             |
|                |                      |                |                             |

Number of days you have been ill during the past five years in addition to that listed above \_\_\_\_\_

Have you ever been examined or treated for any mental or emotional disorder? Yes \_\_\_\_ No \_\_\_\_ If ,yes

, by whom, address and date \_\_\_\_\_

Has any member of your family ever had or been treated for emotional or mental disorder? Yes \_\_\_ No \_\_\_ ]

If yes, name and relationship \_\_\_\_\_

Do you have any physical handicap, chronic disease or disability? Yes \_\_\_ No \_\_\_

Have you ever had a nervous breakdown? Yes \_\_\_ No \_\_\_

Have you ever had tuberculosis? Yes \_\_\_ No \_\_\_

Do you now use or have you ever used illicit (illegal) drugs, including marijuana? Yes \_\_\_ No \_\_\_

If yes, complete the following

| Type Of Drug | Place/Length Of Treatment | Date Of Last Use |
|--------------|---------------------------|------------------|
|              |                           |                  |
|              |                           |                  |
|              |                           |                  |
|              |                           |                  |
|              |                           |                  |
|              |                           |                  |
|              |                           |                  |

Have you ever been treated or received counseling for drug use or abuse? Yes \_\_\_ No \_\_\_ If yes, complete the following

| Age when First Used | Frequency And Amounts | Current Habits |
|---------------------|-----------------------|----------------|
|                     |                       |                |
|                     |                       |                |
|                     |                       |                |
|                     |                       |                |
|                     |                       |                |
|                     |                       |                |
|                     |                       |                |

Do you now use, or have you ever consumed alcoholic beverages? Yes \_\_\_ No \_\_\_ If yes, complete the following

| Dates | Place/Length Of Treatment | Name Of Provider |
|-------|---------------------------|------------------|
|       |                           |                  |
|       |                           |                  |
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Insurance, Indicate all insurance policies issued in your name (life, health, mortgage, ect.)

Type \_\_\_\_\_ Name and address of company \_\_\_\_\_

Date of issue \_\_\_\_\_

At time of issue your age \_\_\_\_\_ Amount of premium \_\_\_\_\_

Percentage of premium you pay \_\_\_\_\_ Residence \_\_\_\_\_

Type \_\_\_\_\_ Name and address of company \_\_\_\_\_

Date of issue \_\_\_\_\_

At time of issue your age \_\_\_\_\_ Amount of premium \_\_\_\_\_

Percentage of premium you pay \_\_\_\_\_ Residence \_\_\_\_\_

Have you ever been rejected as an applicant for any insurance? Yes \_\_\_ No \_\_\_ If yes, complete the following

| Reason Rejected | By Whom | Name And Address | Date |
|-----------------|---------|------------------|------|
|                 |         |                  |      |
|                 |         |                  |      |
|                 |         |                  |      |
|                 |         |                  |      |
|                 |         |                  |      |
|                 |         |                  |      |
|                 |         |                  |      |

## Residences:

List all residences for the past ten years, beginning with your present address

| Month From | Year To | Street & Number | City | State Or County |
|------------|---------|-----------------|------|-----------------|
|            |         |                 |      |                 |
|            |         |                 |      |                 |
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## References:

CREDIT AND CHARACTER REFERENCES (do not include relatives, former employers or persons listed outside the United States or its territories). List only characters references that have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List three (3) credit and three (3) character references.

| Name | Years Known | Address |
|------|-------------|---------|
|      |             |         |
|      |             |         |
|      |             |         |
|      |             |         |
|      |             |         |
|      |             |         |
|      |             |         |

## Foreign Travel:

Exclude trips less than 30 days Canada or Mexico and foreign travel as a direct result in U.S. military duties.

| Dates From / To | Country Visited | Purpose Of Travel |
|-----------------|-----------------|-------------------|
|                 |                 |                   |
|                 |                 |                   |
|                 |                 |                   |
|                 |                 |                   |
|                 |                 |                   |
|                 |                 |                   |

## Hobbies and Sports:

| Name | Length Of Participation | Level Of Proficiency |
|------|-------------------------|----------------------|
|      |                         |                      |
|      |                         |                      |
|      |                         |                      |
|      |                         |                      |
|      |                         |                      |

## Organization Membership:

Are you now or have you ever been a member of or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their right under the Constitution Of the United States or of this state? Yes \_\_\_\_  
No \_\_\_\_

If so, was your membership in or affiliation with the organization or association with the specific intent to achieve the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution Of The United States or of this State? Yes \_\_\_\_ No \_\_\_\_

If yes to either of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. Specify nature and extent of association with each organization, including office or position held, also include dates, places and credentials now and formerly held.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned or which might require further explanation?

Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for a position with any other government agency? Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Waiver

I authorize release of all information pertaining to me from the records of credit bureaus, educational institutions, physician records, military service, law enforcement agencies, past and present employers, traffic and criminal histories, to the Garden City Police Department. I authorize the Garden City Police Department to release to any law enforcement agency, information which the department obtains regarding my qualifications to be a police officer.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation of falsification or if any pertinent information has been knowingly omitted.

I verify under the penalty of perjury that the following is true and accurate to the best of my knowledge.

This Waiver being signed and completed at \_\_\_\_\_

Georgia, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

Sworn To and Subscribed before

Me: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
My commission expires:

